REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Seri		al/Patent		#W 525499	
3 Please refund the following fee(s):		4 PA	PER MBER	5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.		·			\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$			
		8 TO	BE R	EFUNDED E	BY:
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		9			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:			<b>T</b> ]	ITLE: ln. Ref: 0 <del>7/11/2</del>	885 PKIDHFII 8822282188 umber:18525442 \$588.88 CR
SIGNATURE:			iii	19ME: Hame/H	\$500.00 CR
OFFICE: ************************************					
APPROVED:		DATE	E:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B